

**COUNTY OF LOS ANGELES
AUDITOR - CONTROLLER**

"CLAIM FOR REFUND OF PROPERTY TAXES"
(See Instructions On Back)

*** Mandatory Fields**

1. Assessee: _____
- 2.* Claimant Name: _____
- 3.* Claimant Mailing Address: _____

- 4.* Telephone: (____) _____
- 5.* Secured: Map Book _____ Page _____ Parcel _____
Year(s) & /Sequence #(s) _____
Unsecured: Bill#(s): _____
Year(s) & /Sequence #(s) _____
6. Situs address: _____

7. Reason for refund claim: _____

8. Amount of tax claim (If known): \$ _____
9. Amount of penalty claim (If known): \$ _____
10. Total amount of claim (If known): \$ _____

11. Proof of payment enclosed ☐

I hereby certify and declare under penalty of perjury that the foregoing is true and correct that the tax amount sought to be refunded was paid within four years prior to filing this demand; that the amounts herein claimed are correct and no part thereof has heretofore been refunded to this claimant or to any other person for his benefit; and, if acting on behalf of a corporation, that I am duly authorized to act on their behalf, and that the title shown is true and correct.

12.* Signature: _____ *Date: _____

13. Title (If applicable): _____

If claim is for a company, person signing must show title (see reverse side for further instructions)

THIS FORM IS TO BE SIGNED, DATED AND RETURNED WITH PROOF OF PAYMENT FOR THE TAX YEAR(S) FOR WHICH REFUND IS CLAIMED TO:

**Auditor-Controller, Tax Division
Refund Group, Rm 153
Kenneth Hahn Hall of Administration
500 West Temple St., Los Angeles, CA 90012-2766
Phone: (888) 807-2111, Fax: (213) 617-0592**

FOR OFFICIAL USE ONLY

Origination of Claim:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Assessment Appeals | <input type="checkbox"/> Exemptions |
| <input type="checkbox"/> Tax Collector | <input type="checkbox"/> Ownership |

INSTRUCTIONS FOR FILING

"CLAIM FOR REFUND OF PROPERTY TAXES"

This claim is to be used when requesting the refund of "paid" taxes, and/or penalties to be returned.

Claims must be filed with the Auditor-Controller within four (4) years from the date taxes were paid.

If you have any questions call (888) 807-2111.

1. Name of person or company indicated as assessee of record on the tax bill.
2. Name of the person filing claim (claimant). This should be the person, authorized agent or company that actually paid the taxes. (MANDATORY)
3. Complete mailing address of claimant (number, street, direction, city, state and zip code). (MANDATORY)
4. Area code and telephone number of claimant. (MANDATORY)
5. For secured property, indicate map book, page, and parcel. (MANDATORY) For unsecured property, indicate unsecured bill number. (MANDATORY) Both require the tax year (MANDATORY) and sequence number.
6. Complete the situs address of the property in question.
7. Complete basis for refund claim. (Attach additional sheets if necessary)
8. Indicate tax amount of claim (If known).
9. Indicate penalty amount of claim (If known).
10. Indicate total amount of claim (If known).

NOTE: If you have questions regarding receiving or the calculation of interest call the number above.

11. Place an X in the box if proof of payment is enclosed. Substantiating proof of payment may consist of either the original or copies of one of the following: (1) tax receipt bearing the Tax Collector's "Paid" stamp, (2) front and back of cancelled check(s), (3) money order receipt(s), (4) cashier's check receipt(s).
12. Signature of claimant and date filed.
13. Title of authorized person if claim filed on the behalf of a company must be signed by either an executive official (President, Vice President, Secretary, Asst. Secretary or Treasurer) a partner, or the sole owner.